

To: The Honourable Lisa Thompson, MPP
Her Worship Anne Eadie, Mayor of Kincardine

From: Canadian Federation of University Women-Kincardine (CFUW-Kincardine)

I am writing this letter on behalf of my club to urge the federal, provincial, territorial and municipal governments to define and implement high quality Long Term Care (LTC) that is achieved by, but not limited to:

- A. ensuring a person-in-care/staff ratios with qualified, well-paid, full-time care providers;
- B. ensuring that all new LTC facilities are built on a non-profit model;
- C. ensuring annual, unscheduled on-site inspections;
- D. ensuring compliance of licensing standards;
- E. ensuring that needs-based education and training are provided to all LTC staff;
- F. ensuring that LTC staff have the equipment and support to properly care for residents and protect them in times of sickness or health, aggression and harassment;
- G. ensuring that all LTC facilities have a plan, equipment and the capacity to quickly implement infection control measures to protect residents and staff.

A) Personal Support Workers

Personal support workers (PSW) are an integral part of long term care facilities, but have limited formal training. They are poorly paid and usually in part time positions. This saves the owners of these facilities money and, as a result, PSW's are forced to work at multiple facilities in order to "make ends meet". This arrangement was instrumental in allowing COVID-19 to spread throughout many LTC facilities.

B) Non-Profit Model for LTC Facilities

The Ontario Health Coalition (OHC) has reported that, among LTC homes that suffered a COVID-19 outbreak, the rate of COVID-19-related deaths was highest at 9.0% in for-profit homes, 5.25% in not-for-profit homes and 3.62% in publicly-owned (municipal) homes (Ontario Health Coalition (OHC). Report (May 12, 2020)). Other studies in British Columbia and Manitoba have shown that for-profit homes spend significantly less on direct care staffing and provide lower remuneration to staff than non-profit homes. For-profit homes had higher averages of complications such as fractures, infection, and violence than not-for-profit homes. The conflict between profit/surplus and care may not be in the best interest of the resident. OHC has recommended a major overhaul of the entire Ontario LTC system that emphasizes a shift from the high proportion of for-profit homes to more non-profit homes.

C) On-Site Inspections

Between 2015-17, the Ontario government conducted annual, unscheduled, comprehensive inspections of most LTC homes to monitor working conditions and evaluate staffing. In 2018, only half of the province's homes were inspected. In 2019, the government substituted a shorter, scheduled, complaint-based review process, and only nine LTC homes were inspected. Very early in the pandemic, it was revealed that among the LTC homes with high COVID-19-related mortality, not one home had undergone a comprehensive inspection in 2019 (Leslie, K., (April 30, 2020). The private sector cannot be trusted to care for 80,000 seniors. Hamilton Spectator).

D) Licensing Standards

Licensing standards for LTC should be established and implemented. These should at a minimum include:

- full-time staffing numbers
- credential requirements for ALL staff
- training requirements for ALL staff
- ratio for direct care giver/patient
- infection control
- time-line for correcting findings from an inspection
- follow-up inspections to make sure the long-term care facility meets licensing standards

E) Education and Training for All LTC Staff

Most residents come into LTC homes with complex and progressing medical needs, and many have dementia. As stated earlier, PSW's have little formal training but are an integral part of the care team in LTC facilities. The situation is so serious in Ontario that three community colleges in partnership with Local Health Networks began to offer free tuition to anyone interested in becoming a PSW in return for a commitment to work in LTC facilities after graduation (Duff, S. (September 20, 2019). Bursaries to cover up to 60 Georgian PSW Students. Owen Sound SunTimes).

F) Equipment and Support for LTC Staff

The spread of COVID-19 in LTC facilities has been aggravated by the inadequate availability of personal protective equipment (PPE) for staff, which compromises infection control. By May 2020, the Ontario Health Coalition (OHC) reported that the rate of COVID-19 infection in LTC facilities was increasing exponentially among residents and staff (Ontario Health Coalition (OHC). Report (May 12, 2020)). Infections of the personal support workers forced them into self-isolation and severely compromised facility-staffing levels leading to, in some cases, the shocking neglect of the residents in these facilities.

G) Infection Control Measures in LTC

All long term care facilities should have the same infection control measures as hospitals. During the 2003-4 SARS outbreak, “super-spreader” nurses were found to be working part-time at multiple hospitals. Recognition for this failing during the SARS pandemic resulted in an increase of full-time staffing and infection control procedures in hospitals but not in LTC homes (Greenspun, D. (May-June 2005 Issue). New Government Policies Increase Full Time Nurses Post SARS) (Blackwell, T., (January 15, 2015). Nursing home aides need more training. National Post).

Conclusion

The COVID-19 pandemic has revealed the shocking vulnerability of people living in LTC facilities. As a society, we have ignored the care of these vulnerable citizens who need assistance and depend on the shamefully undervalued work of personal support workers and LTC nurses. Good pay and working conditions coupled with ongoing education will help to attract and retain these health care workers, essential for improving the quality of life of LTC residents. Issues stemming from the involvement of the for-profit industry in LTC must also be addressed. Governments at all levels must work together now to ensure that licensing standards for LTC are established and implemented, and that systemic issues, such as inadequate funding, under staffing and lack of transparency and accountability, are promptly addressed.

On behalf of CFUW-Kincardine, I thank you for your attention to our concerns to improve Long Term Care staffing, support services, standards and facilities.

Sheila Gillson
Secretary, CFUW-Kincardine